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REQUIREMENTS FOR LICENSURE BY EXAMINATION

GENERAL INFORMATION

- ☐ **Submit an application for licensure by examination and fee** (cashier's check or money order.) The fee is non-refundable. The application packet may be downloaded from the Minnesota Board of Nursing website.
- ☐ **Provide evidence you have not engaged in conduct warranting disciplinary action;** if you answer yes to any questions in the Grounds for Denial section of the application, the Board will investigate prior to licensure.
- ☐ **Submit a completed Confirmation of Program Completion from your nursing program.** If you have completed a Minnesota nursing program, a school official can confirm completion on-line. Non-U.S. educated applicants – see additional requirements.
- ☐ **Register with Pearson Vue to take the NCLEX®** (National Council Licensure Examination) and pay the required fee.
 - Register on the web at www.pearsonvue.com/nclex
 - Register by phone by calling NCLEX® Candidate Services at 1.866.496.2539
 - Register by mail using the EXAMINATION REGISTRATION FORM in the envelope inside the enclosed EXAMINATION CANDIDATE BULLETIN.
- ☐ **Send notification to the Board office as soon as possible if any change occurs in your name, address, or other application information after you submit the application.** Submit legal proof of change in name, such as a copy of a marriage certificate or court order.
- ☐ **Watch for the test service to send your authorization to test (ATT)** by mail or e-mail if you provided an e-mail address. You **MUST** take the ATT with you to the test center.
- ☐ **Schedule the examination** at one of the testing centers **after** you receive an authorization to test (ATT) from the test service. The ATT is valid for 90 days. If you do not take the examination within one year of receipt of your application, your application with the Board, will be nullified. If you do not take the examination within 90 days of receipt of your ATT, your registration with Pearson Vue will no longer be valid.
- ☐ **Watch for your license. The Board will mail your license approximately 10 business days after you take the examination.** If you do not pass the examination, you will receive an EXAMINATION RETAKE REQUEST packet and a diagnostic profile to help you understand your performance on the NCLEX® examination.

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS

- ☐ **Indicate your request for special testing accommodations for the NCLEX®** by completing the Request for Special Accommodations section on the LICENSURE BY EXAMINATION APPLICATION.
- ☐ **Submit supporting documentation regarding your request for testing accommodations** due to a disability. At a minimum the documentation must include:
 - a letter from an appropriate professional confirming the disability and providing information as to what accommodations are appropriate; **and**

(over)

- a letter from the Disability Services department of your school indicating what modifications, if any, were granted by the program.

- ☐ **List the specific accommodations you are requesting.** Examples of modifications include:
- separate room
 - reader
 - extra time (state **specific** amount of extra time you are requesting.)
 - recorder
 - signer

- ☐ **Call NCLEX® Candidate Services** at the telephone number listed in the ATT letter when you are approved for testing with special accommodations and have received your ATT.

ADDITIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN CANADA

- ☐ **Submit verification of licensure** from the original Canadian province in which you were first licensed and the U.S. jurisdiction in which you were most recently licensed as an RN.
- ☐ **Submit an official transcript** if you are not or have never been licensed in Canada, from your Canadian nursing education program or a confirmation of program completion.

ADDITIONAL REQUIREMENTS FOR APPLICANTS EDUCATED IN A FOREIGN COUNTRY OTHER THAN CANADA

- ☐ **Submit Commission on Graduates of Foreign Nursing Schools (CGFNS) - Credentials Evaluation Service (CES) Professional Report.** Request CGFNS send the credentials report to the Board. Forms are available on the CGFNS website.

Commission of Graduates of Foreign Nursing Schools
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 USA
215.222.8454
info@cgfns.org (email)
www.cgfns.org (website)

- ☐ **Pass an approved English proficiency test.** Unless you graduated from a nursing education program conducted in English and located in an English-speaking country.

- **Test of English as a Foreign Language** (score of 84 with a minimum speaking score of 26 on the TOEFL iBT, or 560 on the written TOEFL or score of 220 on the computerized TOEFL). Request the Education Testing Service to send the TOEFL report to the Board using the Minnesota TOEFL code of 9416.

TOEFL Services
P.O. Box 6151
Princeton, NJ 08541 USA
1.877.863.3546 (inside the United States, US territories and Canada)
1.609.771.7100 (outside the United States, US territories and Canada)
toefl@ets.org (email)
www.ets.org (website)

- **International English Language Testing System** (IELTS overall score of 6.5 with a minimum of 6.0 all modules). Request the International English Language Testing System send the Test Report Form to the Board.

IELTS
www.ielts.org
Test Centres and Examiners
Select Country
Select City – Search

Click on More Information (this will provide the contact information)

- **Michigan English Language Assessment Battery** (MELAB total passing score of 81 and a speaking section score of 3). Request Cambridge Michigan Language Assessments (CaMLA) send the official MELAB score report to the Board by listing the Minnesota Board of Nursing at the bottom of the MELAB Official Identification Form before taking the test.

CaMLA
Argus 1 Building
535 West William St., Suite 310
Ann Arbor, Michigan 48103-4978 USA
1.866.696.3522 or 1.734.615.9629
info@cambridgemichigan.org (email)
www.cambridgemichigan.org (website)

The Minnesota Board of Nursing application fee is non-refundable. You may want to complete the Credentials Evaluation Service with the Commission on Graduates of Foreign Nursing Schools before applying for licensure with the Board of Nursing. If the Board has not received the Credentials Evaluation Services Report from CGFNS and a report of a passing score on the TOEFL from ETS within one year of your application, the application will be nullified, and you must apply for licensure and submit a new fee.

USE THE WEB TO CHECK YOUR APPLICATION'S PROGRESS

- ☐ **Access the Board of Nursing website** at www.nursingboard.state.mn.us
 - Click on "Online Services"
 - Click on "My Services"
 - Establish a user profile by clicking on the new user link.
 - Select "Applicant" as your user type
 - Click "Next" and follow the directions to create a password.
 - Next, log in using your name and password.
 - A screen will appear that lists your personal information with a box indicating your application status as "open licensure by exam."
 - Click on "open licensure by exam." Another screen will appear. As you complete each step of the process, the date for each of the following will display:
 - Application received*
 - Registered with test service*
 - Confirmation of program completion*
 - Authorization to test issued*
 - Date scheduled to take exam*
 - Permit issued*
 - Examination results*
 - License issued*

- ☐ **Watch for the test service to send your authorization to test (ATT)** by mail or e-mail if you provided an e-mail address. You must take the ATT with you to the test center. The ATT is valid for 90 days.

EXAMINATION RESULTS

- ☐ **Check your examination results:**
 - On the Board of Nursing website. There is no fee for viewing the results on the web. The Board does not provide results over the phone.
 - On the Pearson Vue website at www.pearsonvue.com/nclex. There is a fee for the results on line service.
 - By phone. Pearson Vue provides the phone number with your authorization to test (ATT). There is a fee for the results by phone service.

EXAMINATION RETAKE REQUEST APPLICATION

- ☐ **Submit the EXAMINATION RETAKE REQUEST** within eight months of the last failed examination. You must retake the examination within one year of the last failed examination or your application will be nullified and you will need to reapply.

- ☐ **Access the Board of Nursing website to apply to retake the NCLEX®.**
 - Click on “Online Services”
 - Click on “My Services”
 - Establish a user profile by clicking on the new user link and follow the directions. This is not necessary if you already established a user profile.
 - Next, log in using your name and password.

- ☐ **Watch for the test service to send your authorization to test (ATT)** by mail or e-mail if you provided an e-mail address. You must take the ATT with you to the test center. The ATT is valid for 90 days.

Revised: 11/1/2013



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LICENSED PRACTICAL NURSE LICENSURE BY EXAMINATION APPLICATION

The information and evidence you are asked to provide is authorized by Minnesota Statutes and will be used to determine your qualifications for licensure. The data you supply become part of your permanent file. Until licensure is granted all application data, except name and designated address, are private data and will not be released to anyone other than the Board of Nursing staff and its agents. In the event of any legal proceedings between you and the Board, the information may be disclosed to appropriate judicial authorities or others in accordance with statutes, rules and professional standards. All data, except social security number, becomes public record when licensure is granted. Social security number and Minnesota business identification number will be used by the Minnesota Department of Revenue for tax clearance purposes and by the Board of Nursing as identifiers.

You are legally required to submit true and complete information. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

•Type or print clearly •Use black ink •Provide all information •Incomplete applications are returned •Do not use initials or abbreviations

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME <input type="checkbox"/> No middle name
MAIDEN NAME		OTHER LAST NAME(S)		PREVIOUS MIDDLE NAME
STREET ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Business			CITY	
STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	E-MAIL ADDRESS	
BIRTH DATE (Month/Day/Year)	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER <input type="checkbox"/> US <input type="checkbox"/> Canadian [Required by Minn. Stat. 270C.72 (2012)]	PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Business ()
NAME OF SCHOOL OF NURSING				
CITY AND STATE OF SCHOOL OF NURSING				PROGRAM CODE
I authorize the release of my exam results to my school of nursing. <input type="checkbox"/> Yes <input type="checkbox"/> No				

GROUND FOR DENIAL

Provide a written explanation for every YES response.

- Have you ever violated a state or federal law or rule relating to the practice of nursing in any state, territory or country?
☐ Yes ☐ No
- Have you ever violated a state or federal law or rule relating to narcotics or controlled substances or other similar regulations?
☐ Yes ☐ No
- Have you ever been convicted, entered a plea of guilty, *nolo contendere*, or no contest, for any felony, gross misdemeanor or misdemeanor offense? *NOTE: The fact that a conviction has been pardoned, expunged, dismissed, stayed, or deferred, or that your civil rights have been restored, does not mean that you answer "NO"; you should answer "YES."* ☐ Yes ☐ No
- In the last five years, have you ever misused or abused alcohol, other drugs or chemicals or been considered chemically dependent? ☐ Yes ☐ No
- Have you been fired from a nursing-related job in the last five years due to conduct that may be grounds for disciplinary action under the Nurse Practice Act? ☐ Yes ☐ No
- Are you under investigation or are you the subject of any pending or past disciplinary action or have you ever been refused a nursing license or any other occupational license in any state, territory or country? ☐ Yes ☐ No
- Do you have any physical or mental disability or illness that may impair your ability to practice nursing with reasonable skill and safety? ☐ Yes ☐ No **Provide a statement explaining management and treatment.** *NOTE: If you are currently participating in the Health Professionals Services Program (HPSP) for this illness, you may answer "NO" to this question.*
- Have you ever received notification from the Minnesota Department of Human Services or the United States Department of Health and Human Services, Office of the Inspector General that you have been disqualified from providing direct care or excluded from participation in Medicare or Medicaid? ☐ Yes ☐ No

COMPLETION OF EDUCATION INFORMATION

Have you graduated from an LPN preparing program?

- a. ☐ YES. Date of graduation? _____ / _____ / _____
Month Day Year
- b. ☐ NO. When do you expect to complete all requirements for graduation? _____ / _____ / _____
Month Day Year

REQUEST FOR SPECIAL ACCOMMODATIONS

I request special testing accommodations. _____ (Legal Signature) Refer to the section entitled *REQUEST FOR SPECIAL TESTING ACCOMMODATIONS* in *REQUIREMENTS FOR LICENSURE BY EXAMINATION*.

List the **specific** accommodations you are requesting. _____

PREVIOUS EXAMINATION OR LICENSURE

- ☐ I have completed the credentials evaluation with the Commission on Graduates of Foreign Nursing Schools (CGFNS) and requested CGFNS send the *CES Professional* report to the Minnesota Board of Nursing.
- ☐ I have completed the English proficiency exam and requested TOEFL or IELTS to send the results to the Minnesota Board of Nursing.
- ☐ I have submitted my examination form and fee to the NCLEX® test service.
- ☐ I have taken the *NCLEX®-PN* or other nurse licensure examination.
Indicate state and provide an explanation. _____
- ☐ I have held an RN license. State _____ License Number _____
- ☐ I have held an LPN/LVN license in another state. State _____ License Number _____
- ☐ I have held an LPN/LVN license in Canadian province. Province _____ License Number _____

I affirm that the statements and documents provided by me during the application process are true and correct.

Legal Signature of Applicant

Return completed form and nonrefundable fee in U.S. funds to Minnesota Board of Nursing



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 Email: nursing.board@state.mn.us
 Website: www.nursingboard.state.mn.us

CONFIRMATION OF PROGRAM COMPLETION FOR LICENSURE BY EXAMINATION

The information and evidence you are asked to provide is authorized by Minnesota Statutes and will be used to determine your qualifications for licensure. The data you supply become part of your permanent file. Until licensure is granted all application data, except name and designated address, are private data and will not be released to anyone other than the Board of Nursing staff and its agents. In the event of any legal proceedings between you and the Board, the information may be disclosed to appropriate judicial authorities or others in accordance with statutes, rules and professional standards. All data, except social security number, becomes public record when licensure is granted. Social security number and Minnesota business identification number will be used by the Minnesota Department of Revenue for tax clearance purposes and by the Board of Nursing as identifiers.

You are legally required to submit true and complete information. Refusal to supply information may result in denial of a license. Falsification or omission of information may be used by the Board as a basis for disciplinary action.

- Type or print clearly • Use black ink • Provide all information • Incomplete forms are returned • Do not use initials or abbreviations

APPLICANT INFORMATION				
LAST NAME		FIRST NAME		MIDDLE NAME <input type="checkbox"/> No middle name
MAIDEN NAME		OTHER LAST NAME(S)		
STREET ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Business		CITY	STATE/PROVINCE	ZIP/POSTAL CODE COUNTRY
COMPLETION DATE (Month/Day/Year)	SOCIAL SECURITY NUMBER <input type="checkbox"/> US <input type="checkbox"/> Canadian [Required by Minn. Stat. 270C.72 (2012)]		BIRTH DATE (Month/Day/Year)	
NAME OF SCHOOL OF NURSING (No initials)		CITY AND STATE OF SCHOOL OF NURSING		
AFFIDAVIT SECTION				
↓ This Section for School Use Only - Applicant: Do Not Write Below This Line ↓				
SCHOOL OFFICIAL: Complete Affidavit Section after the above named applicant has fulfilled all the requirements of the nursing program and is eligible for graduation.				
Is approval of the nursing program required by the Board of Nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No			PROGRAM TYPE (check one)	
Name of the Board of Nursing granting program approval _____			<input type="checkbox"/> REGISTERED NURSE	
			<input type="checkbox"/> PRACTICAL/VOCATIONAL NURSE	
NAME OF SCHOOL OF NURSING (Complete name of institution)			COMPLETION DATE ____/____/____ Month Day Year	
Subscribed and sworn to before me this ____ day of ____ Day Month Year State/Province of _____ County of _____			The undersigned does hereby affirm that the information provided is true and correct. _____ Signature of School Official _____ Title of School Official	
Signature of Notary Public Notary Commission Expires _____ Month/Day/Year Affix Notary Seal or Stamp			Affix School Seal or Stamp	